

Gastroenterology Consultants of Long Island, PC

Ian M. Storch, D.O., FACP, FACG

2001 Marcus Avenue Ste. E240
New Hyde Park, NY 11042

Phone (516) 673-4801
Fax (516) 352-3680

Patient Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize Gastroenterology Consultants of Long Island, PC to use and/or disclose certain protected health information (PHI) about me to

_____ (Person name you're
allowing information to be given to)

This authorization permits Gastroenterology Consultants of Long Island, PC to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of services, type of services, level of detail to be released, origin of information, etc.): .

The information will be used or disclosed for the following purpose:

Obtaining medical results and any relevant information

I do not have to sign this authorization in order to receive treatment from Gastroenterology Consultants of Long Island, PC. In met, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule, I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the privacy officer at:

Gastroenterology Consultants of Long Island, PC
2001 Marcus Ave, suite E240
New Hyde Park, New York 11042

Signed by: _____
Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name

Date

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Insurance Responsibility

I, _____, realize that it is my responsibility to understand all policies and parameters of my health insurance policy. I also understand that I am responsible for all copays, coinsurances, and deductibles that will be incurred during any office visits and/or procedures performed with either doctor of this practice.

Signature

Date

Infection Control

This practice educates staff upon hire and annually thereafter in hand hygiene and we follow the CDC guidelines for hand hygiene. We encourage staff to stay home when they are sick. We provide tissues and garbage cans throughout the facility and encourage everyone to cover their mouths when coughing or sneezing and then wash their hands.

Should you have a procedure or surgery in this organization we want you to know that we value patient safety. Therefore, you may hear us performing certain tasks or asking certain questions that may surprise you. Even though we may know you we will ask you identifying information such as your date of birth or your address besides asking you to tell us your name. We take a pause or a "time out" before we actually start your procedure to assure once again that we have everything that we need and the entire team is in agreement. This organization adheres to strict infection control measures before, during and after your procedure including but not limited to: procedural technique, the environment of care, care of equipment and instruments, and education of all staff in the most up to date infection control measures.

If anyone has concerns about patient care and safety in the organization that the organization has not addressed, you are encouraged to contact the organization's management. If you feel the concerns were not resolved through the organization, you are encouraged to contact the Joint Commission by calling 1-800-994-6610 or emailing complaint@gjointcommission.org.

Patient Responsibilities

It is important that you follow your Doctor's recommendations and have all tests, procedures or special consultations performed in a timely fashion to avoid a delay diagnosis of potentially serious medical conditions. This also includes all follow up office visits that are required by your doctor.

I, _____ have read and understand the above information.

Patient Signature: _____

Date: _____

HIPPA COMPLIANCE

I, _____ have read and reviewed the new 2013 Notice of Privacy Practices. I agree that messages to return phone calls to the office to discuss results and make appointments can be left on my voicemail and answering machine if I am not at home.

Patient Signature: _____ Date: _____

Welcome to Our Practice

The purpose of this form is to provide you with specific information regarding the ownership and expertise of the physicians in our practice, your rights and responsibilities as our patients, our grievance and privacy practice policies, and our policy regarding Do Not Resuscitate (DNR) orders.

Ownership

Dr. Storch is the owner of GCLI and a credentialed provider for AES. Dr. Anil Patil is President of East Shore Anesthesia PC and works as an independent licensed practitioner to provide anesthesia care for the patients of GCLI and AES.

Expertise

Dr. Storch received a Bachelor of Arts degree from St-NY Binghamton. He graduated from the NY College of Osteopathic Medicine and completed his Internal Medicine training at North Shore University Hospital and also served as Chief Resident. He completed his fellowship training in Gastroenterology and Liver Disease at the University of Miami. Dr. Storch is Board Certified in Internal Medicine and Gastroenterology and Liver Disease and entered into private practice in 2006. His special interests include capsule endoscopy and endoscopic ultrasound. Dr. Storch maintains privileges at St. Francis and North Shore University Hospitals.

Dr. Anil Patil is our Anesthesiologist who obtained his medical education in India. He completed his Anesthesia residency training at SUNY Health Science Center Brooklyn and Fellowship training in Pain Management at Strong Memorial Hospital in Rochester, NY. He has been in private practice since 2003 and worked with our practice as a licensed independent practitioner since 2006.

Patient Bill of Rights and Responsibilities

In order to provide the highest quality medical care, we have established a patient Bill of Rights and Responsibilities for our practice which is displayed in the reception area. We are happy to provide you with a copy of the Bill of Rights. Simply ask a member of our staff.

Patient Grievance Policy

If you are dissatisfied with any aspect of our organization, you may file a grievance form. Please ask one of our receptionists for a copy of our Grievance Policy and a form to file a Grievance complaint. Every effort will be extended to ensure your satisfaction.

Notice of Privacy Practice

Our organization understands and makes every effort to protect your personal health information. We are compliant with the current HIPPA regulations. A copy of our Privacy Policy is available to you. Please ask one of our receptionists for a copy.

Do Not Resuscitate (DNR) Policy

DNR orders are not honored for procedures being performed in this facility. In the unlikely event of a cardiac arrest during an endoscopic procedure, the Physicians and staff of this organization will institute the appropriate life saving protocol regardless of any pre-existing DNR order.

After Hours Emergencies and Telephone Calls

Emergency care is available 24 hours a day 7 days a week. Our practice may be covered by other Board Certified Gastroenterologists which are available through our answering service. Due to the high volume of phone calls during normal business hours, messages will be returned in order of priority generally within 48 hours.

Accredited Endoscopy Services, OBS PC

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Rights

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individuals that make up the office organization. It is in recognition of these factors that these rights are affirmed.

The patient has the right to considerate and respectful care; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.

The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment as well as the person(s) responsible for their sedation and anesthesia.

The patient has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.

The patient has the right to obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.

The patient has the right, and when appropriate, the patient's family to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.

The patient has the right to expect that within its capacity, this ambulatory facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.

The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.

The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

The patient has the right to know the mechanisms for grievance as well as suggestions.

The patient has the right to change their choice of physician.

The patient has the right to refuse care, treatment, and services in accordance with law and regulation.

The patient has the right to dispute information in their medical record.

The patient has the right to examine and receive an explanation of his/her bill and to expect ethically billing practices.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Responsibilities

The patient has the responsibility to provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, and unexpected changes in the patient's condition.

The patient is responsible for asking questions when they do not understand what they are told or what they are expected to do.

If the plan of care is agreed upon, the patient has the responsibility to follow the plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan. The patient and family are responsible for the outcomes if they do not follow the care plan.

The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct.

Patients and families are responsible for being considerate of the practice's staff and property.

The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.